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Bib Data Sheet

CONFIRMATION NO. 1340

<b>SERIAL NUMBER</b> 10/010,678	<b>FILING DATE</b> 12/07/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 19109DE
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**APPLICANTS**  
Glenn J. Gormley, Westfield, NJ;  
Keith D. Kaufman, Westfield, NJ;  
Elizabeth Stoner, Westfield, NJ;  
Joanne Waldstreicher, Scotch Plains, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A DIV OF 09/699,906 10/30/2000 PAT 6,355,649 B1. *6/3/02*  
WHICH IS A DIV OF 09/448,930 11/24/1999 PAT 6,174,892 *checked*  
WHICH IS A DIV OF 09/135,512 03/20/1998 ABN  
WHICH IS A DIV OF 08/601,497 02/14/1996 PAT 5,760,046  
WHICH IS A CON OF 08/214,905 03/17/1994 PAT 5,547,957  
WHICH IS A CIP OF 08/138,520 10/15/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 01/03/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>W</i>			

**ADDRESS**  
000210

**TITLE**  
Transdermal treatment with 5-alpha reductase inhibitors

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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